

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002480

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB.

AMENDED

Registration District No. 207

Primary Registration District No.

Registrar's No. 3

FILED JAN 22 1963

1. PLACE OF DEATH

a. COUNTY Maries

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Belle

Length of stay in 1b
6 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Alfred Baxter Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Maries

c. CITY OR TOWN Jefferson township

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
South of Belle Mo.

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last
Florence Honora Baxter

4. DATE OF DEATH
Month Day Year
January 11, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
11/20/77

9. AGE (last birthday)
85

IF UNDER 1 YEAR
Months Days Hours Min.
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Housewife

11. BIRTHPLACE (City and state or country)
Gasconade county Mo. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

M. R. Matthews

13b. MOTHER'S MAIDEN NAME

Mary Walter

14. NAME OF HUSBAND OR WIFE

William Baxter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, No war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs Ethel Jones Rolla Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Carcinoma of Bladder

INTERVAL BETWEEN ONSET AND DEATH

12 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/3/62 to 1/11/63 and last saw her alive on 1/9/63
Death occurred at 11:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Belle Mo

22c. DATE SIGNED

1/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/13/63

23c. NAME OF CEMETERY OR CREMATORY

Liberty

23d. LOCATION (City, town, or county)

Belle Missouri

24. FUNERAL DIRECTOR

ADDRESS

Howard Jones, Belle Mo.

25. DATE RECD. BY LOCAL REG.

1-14-63

26. REGISTRAR'S SIGNATURE

Thoyelle Hutchison

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JAN 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ormer Howard Jones

Licensed Embalmer No.

4411

P. O. Address

Belle Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.